

L20 000298314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

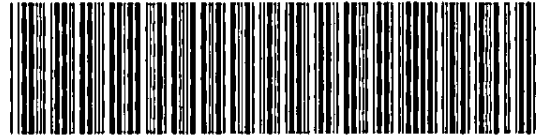
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700356517707

12/21/20--01013--015 ++25.00

DEC 05 2021

S. YOUNG

2020 DEC 21 AM 7:07

611 5910

COVER LETTER

TO: Registration Section
Division of Corporations

Christie Rosen Wellness LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christie Rosen

(Name of Person)

Christie Rosen Wellness

(Firm/Company)

2200 Mauritania Rd

(Address)

Punta Gorda, FL 33983

(City/State and Zip Code)

For further information concerning this matter, please call:

Christie Rosen

413

537-1794

at (_____) _____

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Chritie Rosen Wellness

2. The Articles of Organization were filed on 09/22/2020 and assigned
document number L20000298314

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Issues regarding the business address and ability to do business there.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

Christie Rosen

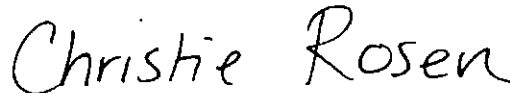
2200 Mauritania Rd

Punta Gorda, FL 33983

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature



Printed Name

FILING FEE: \$25.00